

Case Number:	CM14-0209896		
Date Assigned:	12/22/2014	Date of Injury:	08/03/2012
Decision Date:	02/13/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Spine Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old female with an original industrial injury on August 3, 2012. The industrial diagnoses include RSD, chronic pain syndrome, myalgia, chronic fatigue, and insomnia. The patient had examination consisting of left hand marked weakness and normal neurologic examination according to a progress note on 10/31/2014. The disputed issue is a request for 36 sessions of occupational therapy. A utilization review determination on November 20, 2014 had noncertified this request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

36 Aquatic Therapy 3x/ week for 12 weeks for upper extremity as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section. Page(s): 98-99.

Decision rationale: In the case of this request, the requested number of visits exceeds the guidelines of the CA MTUS. While this request was for 36, the guidelines only allow 24 visits. Furthermore, there should be consideration of past therapy in the determination of future therapy. There should be a more comprehensive assessment of functional benefit from prior therapy.

Since the independent medical review process cannot modify requests, this request is not medically necessary.